

(Print) Your Name:

Your Position:

Organization:

For the week Ended:

Your telephone Number:

The area you Serve:

Time	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
	Cat	Act	"C"	Cat	Act	"C"	Cat	Act	"C"	Cat	Act	"C"	Cat	Act	"C"	Cat	Act	"C"	Cat	Act	"C"
7:00 AM																					
7:15																					
7:30																					
7:45																					
8:00																					
8:15																					
8:30																					
8:45																					
9:00																					
9:15																					
9:30																					
9:45																					
10:00																					

"Cat" Category of Services and Other Compensated Time:

- | | |
|--|--------------------------------------|
| N- Intervention | A- Administration |
| R- Referral and Intake | P- Personnel Development |
| E- Evaluation, Eligibility
Determination & Assessment | C- Community Collaboration |
| F- IFSP Development | K- Sick, Holiday, Vacation Time |
| D- Service Coordination (designated) | X- Not related to Early Intervention |
| S- Service Coordination (other-than designated) | Processes |

"Supervision" – If giving OR receiving Supervision, place a circle around the Category.

"Act" Activity: (use only with Categories N,R,E,F, D,S)

- | | |
|---|---|
| 1. Documentation | 6. Travel |
| 2. Preparation | 7. Report Writing |
| 3. Collateral meeting with
Other Professionals | 8. Telephoning & Email |
| 4. Consultation | 9. No Show, Cancellation,
Attempted home visit |
| 5. Direct Service | 10. Other than listed |

"Part C" – If the client or client's family is eligible for PART C services, check the "C" box.

Your Initials_____

Time	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
	Cat	Act	"C"	Cat	Act	"C"	Cat	Act	"C"	Cat	Act	"C"	Cat	Act	"C"	Cat	Act	"C"	Cat	Act	"C"
10:15																					
10:30																					
10:45																					
11:00																					
11:15																					
11:30																					
11:45																					
12:00 PM																					
12:15																					
12:30																					
12:45																					
1:00																					
1:15																					

"Cat" Category of Services:**N-** Intervention**R-** Referral and Intake**E-** Evaluation, Eligibility
Determination & Assessment**F-** IFSP Development**D-** Service Coordination (designated) Processes**S-** Service Coordination (other-than designated)**"Supervision"** – If giving OR receiving Supervision, place a circle around the Category.**A-** Administration**P-** Personnel Development**C-** Community Collaboration**K-** Sick, Holiday, Vacation Time**X-** Not related to Early Intervention
Processes**"Act" Activity:** (use only with Categories N,R,E,F, D,S)**1.** Documentation**2.** Preparation**3.** Collateral meeting with
Other Professionals**4.** Consultation**5.** Direct Service**6.** Travel**7.** Report Writing**8.** Telephoning & Email**9.** No Show, Cancellation,
Attempted home visit**10.** Other than listed**"Part C"** – If the client or client's family is eligible for PART C services, check the "C" box.

Your Initials_____

Time	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
	Cat	Act	"C"	Cat	Act	"C"	Cat	Act	"C"	Cat	Act	"C"	Cat	Act	"C"	Cat	Act	"C"	Cat	Act	"C"
1:30																					
1:45																					
2:00																					
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"Act" Activity: (use only with Categories N,R,E,F, D,S)

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Time	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
	Cat	Act	"C"	Cat	Act	"C"	Cat	Act	"C"	Cat	Act	"C"	Cat	Act	"C"	Cat	Act	"C"	Cat	Act	"C"
4:45																					
5:00																					
5:15																					
5:30																					
5:45																					
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6:15																					
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6:45																					
7:00																					

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- | | |
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Your Signature: _____ **Date:** _____ **Comments:** _____